

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE _____ DISTRICT OF _____

CASE NAME: CASE NUMBER:

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS*

For Month Ending _____, _____.

BEGINNING BALANCE (ending balance from last month) \$

RECEIPTS (Summary of all accounts):

1. Receipts from operations \$

2. Other receipts \$

TOTAL RECEIPTS (A) \$

DISBURSEMENTS (Summary of all accounts):

1. Net payroll

a. Officers \$

b. Others \$

2. Taxes paid or deposited:

a. Fed. income tax w/held \$

b. FICA \$

c. State income tax w/held \$

d. State sales or use tax \$

e. Other (specify)

\$

\$

3. Necessary expenses:

a. Merchandise bought for
manufacture or sale \$

b. Other necessary expenses \$

TOTAL DISBURSEMENTS (B) \$

NET RECEIPTS (Line (A) less Line (B)) \$

ENDING BALANCE (BEGINNING BALANCE PLUS NET RECEIPTS) \$

NOTE: Attach a copy of the most recent bank statement and a reconciliation for each account.

*** If you have more than one account, the activity in all accounts should be summarized on this page.**

RECEIPTS LISTING

Bank: _____ Account# _____

DATE RECEIVED

DESCRIPTION

AMOUNT

SUBTOTAL \$_____

MINUS TRANSFERS FROM OTHER ACCOUNTS \$_____

(provide detail above)

TOTAL \$_____

(transfer to Line A, Page 1)

Receipts may be identified by major categories. It is not necessary to list each transaction separately. You must, however, **create a separate list for each bank account.**

DISBURSEMENTS LISTING

Bank: _____

Acct. No.: _____

Account Name: _____

Location: _____

Please list all disbursements made during the month on the attached page. All payroll checks should be listed separately, including the employee's name. You must create a **separate list for each bank account**. Include any bank service charges/fees and any automatic deductions.

TOTAL DISBURSEMENTS \$ _____

MINUS TRANSFERS TO OTHER ACCOUNTS \$ _____

(provide detail)

TOTAL MONTHLY DISBURSEMENTS \$ _____

(This figure should be transferred to line B of the Summary Page)

DATE PAID	CHECK NO.	PAYEE	DESCRIPTION	AMOUNT
-----------	-----------	-------	-------------	--------

STATEMENT OF INVENTORY

Beginning inventory \$ _____

Add: purchases \$ _____

Less: goods sold (cost basis) \$_____

Ending inventory \$_____

STATUS OF POST PETITION PAYMENTS TO SECURED CREDITORS AND LESSORS

Name of Creditor or Lessor	Date of Regular Payment is Due	Amount of Regular Payment	Check # of Payment	Number of Payments Delinquent	Amount of Payments * Delinquent

*State reason for non-payment.

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance \$ _____

Add: sales on account \$ _____

Less: collections \$ _____

End of month balance \$ _____

0-30 Days

\$_____

31-60 Days

\$_____

61-90 Days

\$_____

Over 90 Days

\$_____

End of Month Total

\$_____

STATEMENT OF ACCOUNTS PAYABLE (POST PETITION)

Beginning of month balance \$_____

Add: credit extended \$_____

Less: payments on account \$_____

End of month balance \$_____

0-30 Days

\$ _____

31-60 Days

\$ _____

61-90 Days

\$ _____

Over 90 Days

\$ _____

End of Month Total

\$ _____

ITEMIZE ALL POST PETITION PAYABLES OVER 30 DAYS OLD.

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition as the taxes come due. Please indicate whether the following post-petition taxes have been paid or deposited as they came due.

() Check here if no employees.

TAX	YES	NO	NOT REQUIRED	WHEN DUE
Federal income tax withholding				

FICA withholding
Employer's share FICA
Federal Unemployment Taxes
State Income Tax Withholding
Sales Tax
Other tax

If any taxes have not been paid when due complete this table:

TAX NOT PAID	AMOUNT NOT PAID	DATE OF LAST PAYMENT	WHY TAX NOT PAID
--------------	-----------------	----------------------	------------------

NOTE: Attach Verification of Fiduciary's Federal Tax Deposit (IRS Form 6123)

Form 6123
(Rev. 06-97)

Department of the Treasury-Internal Revenue Service

Verification of Fiduciary's Federal Tax Deposit

Do not attach this Notice to your Return

TO District Director, Internal revenue Service

Attn: Chief, Special Procedures Function

FROM: Name of Taxpayer
Taxpayer Address

The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court

(complete sections 1 and/or 2 as appropriate):

Section 1 Form 941 Federal Tax Deposit (FTD) Information

Taxes Reported on _____ for the payroll period from to _____
Form 941, Employer's Quarterly Federal Tax Return Payroll date _____
Gross wages paid to employees \$ _____
Income tax withheld \$ _____
Social Security (Employer's plus Employee's share of Social Security Tax) \$ _____
Tax Deposited \$ _____
Date Deposited _____

Section 2 Form 940 Federal Tax Deposit (FTD) Information

Taxes Reported on _____ for the payroll period from to _____
Form 940, Employer's Annual Federal Unemployment Tax Return Gross wages paid to employees \$ _____
Tax Deposited \$ _____
Date Deposited _____

Certification

(Certification is limited to receipt or electronic transmittal of deposit only)

This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax

Guide (Publication 15)

Deposit Method Form 8109/8109B Federal Tax Deposit (FTD) coupon

(check box) Electronic Federal Tax Payment System (EFTPS) Deposit

Amount (Form 941 Taxes) Date of Deposit EFTPS acknowledgment number or Form 8109 FTD received by:

Amount (Form 940 Taxes) Date of Deposit EFTPS acknowledgment number or Form 8109 FTD received by:

Depositor's Employer Name and Address of Bank

Identification Number:

Under penalties of perjury, I certify that the above federal tax deposit information is true and correct

Signed: Date:

Name and Title

(print or type)

Cat. #43099Z Form **6123** (rev. 06-97)

IN THE UNITED STATES BANKRUPTCY COURT

FOR THE _____ DISTRICT OF _____

For Month Ending _____, 19__

DECLARATION UNDER PENALTY OF PERJURY

I, _____

declare under penalty of perjury under the laws of the United States that I have read the foregoing Monthly Report of the Debtor, and that the figures, statements, disbursement itemizations, and account balances as listed, are true and correct as of the date of this report to the best of my knowledge, information and belief.

Copies of this report have been forwarded to the U.S. Bankruptcy Court and the Internal Revenue Service.

Signature

Print name, capacity and phone number of person signing this

Declaration:

Name

Title

Phone #

Dated:

